

**CONTRACTING OFFICER'S
SUMMARY CHECKLIST FOR SUBCONTRACTING PLANS
JUNE 7, 2010**

DATE PLAN SUBMITTED: _____
 CONTRACTOR'S NAME: _____
 CONTRACT/SOLICITATION NUMBER: _____
 CONTRACTING OFFICER/SPECIALIST: _____
 LOCATION: _____
 CONTRACTING OFFICER WHO APPROVED PLAN: _____
 PCR WHO APPROVED PLAN: _____
 OSDBU IF NO PCR ASSIGNED: _____
 DATE APPROVED: _____
 TOTAL CONTRACT VALUE (INCLUDING OPTIONS): \$ _____
 TYPE OF PLAN (CHECK ONE):

_____ COMMERCIAL PLAN PERFORMANCE/EFFECTIVE DATES: _____
 _____ INDIVIDUAL PLAN PERFORMANCE/EFFECTIVE DATES: _____

NOTE: If plan submitted is a Commercial Plan, does contractor show Percentage (%) to Total Annual Sales

_____ YES _____ NO

1. Does the plan show total dollars to be subcontracted?

_____ YES _____ NO Amount \$ _____

2. Are there separate percentage goals for small (Including ANC and Indian tribes), small disadvantaged (Including ANC and Indian tribes), women-owned small business concerns, HUBZone small business, service-disabled veteran-owned small business and veteran-owned small business concerns as subcontractors?

_____ YES _____ NO

What are the goals and do you agree?

			<u>YES</u>	<u>NO</u>	RECOMMENDED NEW GOALS	
SMALL BUSINESS	\$ _____	_____ %	_____	_____	\$ _____	_____ %
SMALL DISADVANTAGED	\$ _____	_____ %	_____	_____	\$ _____	_____ %
WOMEN-OWNED	\$ _____	_____ %	_____	_____	\$ _____	_____ %
HUBZONES	\$ _____	_____ %	_____	_____	\$ _____	_____ %
SERVICE-DISABLED VETERAN-OWNED	\$ _____	_____ %	_____	_____	\$ _____	_____ %
VETERAN-OWNED	\$ _____	_____ %	_____	_____	\$ _____	_____ %

3. Does the plan describe the principal types of supplies and services to be subcontracted, and an identification of the types planned for subcontracting to?

SMALL BUSINESS	_____	YES	_____	NO
SMALL DISADVANTAGED BUSINESS	_____	YES	_____	NO
WOMEN-OWNED BUSINESS	_____	YES	_____	NO
HUBZONES	_____	YES	_____	NO
SERVICE-DISABLED VETERAN-OWNED	_____	YES	_____	NO
VETERAN-OWNED BUSINESS	_____	YES	_____	NO

4. Is there a description of the method used to develop the subcontracting goals?

_____YES _____NO

5. Is there a description of the method used to identify potential sources for solicitation purposes (e.g. Central Contractor's Registration database (CCR), Dynamic Small Business Database, National Minority Purchasing Council Vendor Information Services, etc.?

_____YES _____NO

6. Is there a statement as to whether they included indirect costs in establishing subcontracting goals and a description of the method used to determine the proportionate share of indirect costs to be incurred with small (Including ANC and Indian tribes), small disadvantaged (Including ANC and Indian tribes), women-owned, HUBZone, service-disabled and Veteran-Owned small business concerns?

_____YES _____NO

7. (a) Does the plan have the name, address, telephone and email of an individual who will administer the subcontracting program included?

_____YES _____NO

(b) Is there a description of the duties of that individual included?

_____YES _____NO

8. Does the plan include a description of the efforts to ensure that small business concerns, small disadvantaged business concerns, women-owned business concerns, HUB Zones business concerns, service-disabled veteran-owned business concerns and Veteran-Owned business concerns will have an equitable opportunity to compete for subcontracts?

_____YES _____NO

9. Does the plan include assurances that the offeror will include the clause entitled "Utilization of Small Business Concerns" in all subcontracts that offer further subcontracting opportunities,, and

the offeror will require all subcontractors (except small business concerns) that receive subcontracts in excess of \$550,000 (\$1 million for construction of any public facility with further subcontracting possibilities) to adopt a subcontracting plan that complies with the requirements of the clause?

____YES ____NO

10. (a) Does the plan have assurances that the firm will cooperate in any studies or surveys as may be required?

____YES ____NO

(b) Agree to submit periodic reports in order to allow the Government to determine the extent of compliance by the contractor with the subcontracting plan?

____YES ____NO

(c) Does the prime indicate that they will submit their ISR 294, Subcontracting Report for Individual Contracts every six months and the SSR 295 Summary Subcontracting Report into the Electronic Subcontracting Reporting System (eSRS) in accordance with the instructions on the website?

____YES ____NO

(d) Does the contractors ensure that its subcontractors with subcontracting plans agree to submit the ISR and/or the SSR using the eSRS?

____YES ____NO

NOTE: Did the contractor submit ISR/SSR in the eSRS System for past Subcontracting Accomplishments

____YES ____NO

(e) Does the contractor agree to provide its prime contract number, its DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to all first-tier subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting their reports?

____YES ____NO

(f) Does the contractor require that each subcontractor with a subcontracting plan provide the prime contract number, its own DUNS number, and the e-mail address of the government or Contractor official responsible for acknowledging or rejecting the reports, to its subcontractors with subcontracting plans?

____YES ____NO

11. (a) Does the plan indicate that the contractor has described the types of records that will be maintained concerning procedures that have been adopted to comply with the requirement and goals in the plan, including establishing source lists; and a description of the offeror's efforts to locate small, small disadvantaged, women-owned, HUBZone, service-disabled and Veteran-Owned small business concerns and to award subcontracts to them? (The records shall include at least the following (on a plant-wide or company-wide basis, unless otherwise indicated)

____YES ____NO

(b) Does the plan describe the source lists (e.g., CCR), guides, and other data that identify small business, small disadvantaged business, women-owned small business, HUBZone small business, service-disabled veteran-owned small business and veteran-owned small business concerns?

____YES ____NO

(c) Does the plan describe organizations contacted in an attempt to locate sources that are small business, small disadvantaged business, women-owned small business, HUBZone small business, service-disabled veteran-owned small business, and veteran-owned small business concerns?

____YES ____NO

(d) Whether small, small disadvantaged, women-owned, HUBZone's, service-disabled and Veteran-Owned small business concerns were solicited for any subcontracting opportunity over \$100,000 and if not, why not?

____YES ____NO